



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTHCARE – MUNSTER

City of Hospital: Munster

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Renee Krick

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Medicare Provider Number: 15-0165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$127492620
Outpatient Patient Service Revenue	\$276368305
Total Gross Patient Service Revenue	\$403860925

2. Deductions From Revenue

Contractual Allowance	\$287530769
Other Deductions	\$12466744
Total Deductions	\$299997513

3. Total Operating Revenue

Net Patient Service Revenue	\$103863412
Other Operating Revenue	\$4810517
Total Operating Revenue	\$108673929

4. Operating Expenses

Salaries and Wages	\$40112415	Employee Benefits	\$10676910
Depreciation and Amortization	\$12218210	Interest Expense	\$3006330
Bad Debt	\$-256276	Other Expenses	\$37724235
Total Operating Expenses	\$103481824		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5192105	Total Assets	\$212439645
Net Non-operating Gains over Loss	\$161335	Total Liabilities	\$31949746

Total Net Gains	\$5353440
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$197449417	\$146253156	\$51196261
Medicaid	\$48793726	\$32825201	\$15968525
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$157617781	\$108452416	\$49165365
Total	\$403860924	\$287530773	\$116330151

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$19619	\$5026	\$14593

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$13037	\$-13037
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	5
Number of Hospital Patients Educated	110037
Number of Citizens Exposed to Health Education Messages	3144

Statement Six: Charity Statement
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Hospital Charity Charges	\$10976077
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6021025	
HCI Payments	\$0		
Subtotal	\$0	\$6021025	\$-6021025
Medicaid Shortfalls	\$9671153	\$19937822	
Subtotal	\$9671153	\$25958847	\$-16287694
DSH Payments	\$0		
Subtotal	\$9671153	\$25958847	\$-16287694
Medicare Shortfalls	\$32005148	\$80896345	
Other Government Programs	\$0	\$0	
Total	\$41676301	\$106855192	\$-65178891

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-193385	\$193385
Other Allocations	\$0	\$0	\$0

Comments

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